

REC'D MAR 16 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

6215  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Chariton Registration District No. 173  
 (b) Township Wayland Primary Registration District No. 3240  
 (c) City..... (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Ellen Sherman Carter  
 (a) Residence, No. .... St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James J. Carter  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3 - 1862  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 2 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME John Richards  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
 FATHER

15. MAIDEN NAME Saloma Groover  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 MOTHER

17. INFORMANT (ADDRESS) Virgil Carter  
H. C. Trans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Musselport DATE Feb. 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. B. Winkelmyer  
Salisbury Mo.

20. FILED 1-31 1939 3-2-39  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1939 to Jan 31 1939  
 I last saw her alive on Jan 31 1939 Death is said to have occurred on the date stated above, at 4 P. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:

Pericarditis

Name of operation None Date of .....  
 What test confirmed diagnosis? Blood count Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19...  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) J. L. Hanning M. D.

(Address) Salisbury Mo.

RECEIVED  
District Health Officer No. 8  
Date Filed \_\_\_\_\_  
Number \_\_\_\_\_  
3/9/39

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6215-  
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton

Registration District No. 173

(b) Township Wayland

Primary Registration District No. 3240

(c) City

(d) Street No.

St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ellen Sherman Carter

(a) Residence, No. St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

m

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

James J. Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

11-3-1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs.  
or min.

76

2

28

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work  
was done, as saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

FATHER

13. NAME

John Richards

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Perlin

MOTHER

15. MAIDEN NAME

Saloma Grooner

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Ohio

17. INFORMANT  
(ADDRESS)

Virgil Carter  
K.C. Kans

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Marionfork

DATE

2-2

1939

19. FUNERAL DIRECTOR  
(ADDRESS)

Geo. B. Winkelmeyer  
Salisbury  
Mo.

20. FILED

Feb 2

1939

J.D. McAdam

Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1-31, 1939

22. I HEREBY CERTIFY, That I attended deceased from  
1-31, 1939, to 1-31, 1939

I last saw him alive on 1-31, 1939. Death is said  
to have occurred on the date stated above, at 4-P m.

The principal cause of death and related causes of importance were as follows:

Chronic myo. Carditis

Date of onset

Other contributory causes of importance:

Pernicious Anemia

Name of operation none

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J.L. Harms, M. D.

(Address) Salisbury, Mo.

